

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-4228.M2**

MDR Tracking Number: M2-03-1128-01
IRO Certification# 5259

June 25, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in psychiatry. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

This is a 57-year-old male who was involved in an accident while driving a ____ on _____. He swerved the bus into a ditch in order to avoid a car that abruptly stopped in front of him. He remembers bouncing up and down in his seat. He denies striking his head. He has had severe back pain since with limited improvement after spinal fusion, physical therapy and medications. He has no prior psychiatric history. There is no prior documented history of depression. He was diagnosed with Adjustment Disorder with Depressed Mood by ____ on March 3, 2003 and recommended for ten (10) therapy sessions with no medical evaluation. This was denied.

REQUESTED SERVICE (S)

Services requested were ten (10) 45-60 minute psychotherapy sessions with a psychologist.

DECISION

Uphold the decision to deny ten (10) sessions with a psychologist.

RATIONALE/BASIS FOR DECISION

During the interview with the psychologist, the patient explained that he had been affected by a recent breakup with a girlfriend. This was not related to the accident. There is no documentation in the records that the patient ever complained of depression, anxiety or PTSD symptoms in relation to the accident. The psychologist noted on the March 5, 2003 evaluation that the patient complained of anhedonia, decreased energy, sleep disturbance and feelings of hopelessness, worthlessness or guilt. These types of symptoms would be better assessed by a single visit to a psychiatrist. It is not clear whether these symptoms were related to the accident or to his interpersonal problems.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 26th day of June 2003.